



OPHTHALMIC CORTICOSTEROIDS PA SUMMARY

Preferred	Non-Preferred
Dexamethasone suspension Durezol (difluprednate emulsion) Fluoromethalone liquifilm (generic FML liquifilm) FML ointment (fluorometholone) FML Forte suspension (fluoromethalone) Prednisolone	Alrex (loteprednol suspension 0.2%) Lotemax gel, ointment (loteprednol 0.5%)* Lotemax suspension (loteprednol 0.5%) Vexol (rimexolone suspension)

*PA required

LENGTH OF AUTHORIZATION: 1 Month

NOTE:

- ❖ Lotemax gel and ointment are the only medications in this class that require prior authorization.

PA CRITERIA:

- ❖ Approvable for members with post-operative ocular inflammation or pain who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or history of intolerable side effects to at least one preferred agent in the table above and either Lotemax suspension or Vexol.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.